



APPLICATION FOR ADMISSION

Toll-free 1-877 VETS R US (1-877-838-7787)

IMPORTANT – PLEASE PRINT CLEARLY AND ANSWER ALL ITEMS

I am applying for admission into: **WA Soldiers Home- Orting** (near Puyallup) ☐

WA Veterans Home- Retsil (Port Orchard) ☐ **Spokane Home** ☐ **Any Home** ☐

I have lived at one of the Homes in the past: **YES** ☐ **NO** ☐

If yes, which Home and when? _____ Date _____

MILITARY INFORMATION:

Branch of Service	Service Number	Date of Active Duty Entry	Date of Separation	Type of Discharge

I heard about the Homes from:

Veterans Organization ☐ Federal VA ☐
Community Hospitals ☐ Newspaper ☐
Phonebook ☐ Radio/TV ☐ VEMP ☐
WDVA Website ☐ Word of Mouth ☐
Other: _____

PERSONAL INFORMATION:

Applicant's name: _____ Veteran's name, if different _____
First Middle Last

Physical address: (where you are currently staying): _____

Phone number: (day) _____ (eve) _____

Veteran? Yes ☐ No ☐ Male ☐ Female ☐

Mailing address _____

Date of birth:____/____/____ **Place of birth:**_____

City / State

Social Security Number:____/____/____ **VA claim #:**_____

Marital status: Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Never Married ☐

Please answer only the following that apply to your situation: Spouse's name:_____

Date of marriage:____/____/____ **Date of divorce:**____/____/____

Date of separation:____/____/____ **Date of spouse's death:**____/____/____

Father's name:_____

Mother's "Maiden" name:_____

Applicant's next of kin:_____ **Relationship of next of kin:**_____

Telephone number:(____)_____ **Address:**_____

Emergency contact (someone who will always know where you are and how to contact you):_____ **Relationship of emergency contact:**_____

Telephone number:(____)_____(day) (____)_____(eve)

DVA Form 035 (LOW VISION Revised 3/07)

INCOME INFORMATION:

Monthly Income	Applicant	Spouse (if applicable)
VA Pension/Compensation	\$	\$
Social Security		
Retirement – source:		
Other income – source:		
Other income – source:		
Interest from savings, stocks, bonds, CD's		

ASSETS INFORMATION

Source of Assets	Applicant	Spouse (if applicable)
Savings Account(s)	\$	\$
Checking Account(s)		
Cash on hand		
Stocks, bonds, CD's, etc.		
Cash value of all insurance (do not include insurance that pays only upon death)		
Value of vehicle(s)		
Cash value of residence		
Cash value of real estate (property other than primary residence)		

Have you transferred or assigned real or personal property within 5 years of the date of this application?

Yes ☐ No ☐

If "yes" Please provide a description of the property transferred: _____

Date of assignment or transfer: _____

Value of property as of above date: \$ _____

Reason for transfer or assignment: _____

PROVIDE PROOF OF THE BELOW

I have supplemental health insurance? Yes ☐ No ☐ Insurance Company _____

Monthly premium \$ _____

I have Medicare Part A: Yes ☐ _____ No ☐
Effective Date

I have Medicare Part B: Yes ☐ _____ No ☐
Effective date

I have Medicare Part D: Yes ☐ _____ No ☐
Name of Company

I am currently on Medicaid: Yes ☐ No ☐

I have burial insurance: Yes ☐ No ☐ If yes, What Company? _____ Amount: _____

Durable Powers of Attorney? Yes ☐ No ☐ Provide Copy

Irrevocable Trust? Yes ☐ No ☐ Provide Copy

Guardianship? Yes ☐ No ☐ Provide Copy

I am applying for admission to a WA State Veterans Home. I am a resident of the state of Washington. All of the statements on this application are true and complete to the best of my knowledge. I hereby give permission to the WA State Department of Veterans Affairs to do a background check and obtain all information concerning my financial records which include the US Department of Veterans Affairs (VA), Social Security, and other financial institutions. If admitted, I understand that all income, regardless of source, will be considered in the determination of my cost of care. The amount of money I retain for my personal expenses and for my spouse, if applicable, will depend on my income. I understand that all personal expenses and/or prior existing debts are my responsibility. I agree to follow the resident rules of conduct and all policies and procedures of the Department of Veterans Affairs.

Applicant's signature

Date

Witness' signature if signed above with an "X"

Date

Witness' signature if signed above with an "X"

Date

CHECK LIST OF DOCUMENTS NEEDED WHEN APPLYING TO ONE OF THE WASHINGTON STATE VETERANS HOMES

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Application Form |
| <input type="checkbox"/> | Signed Release of Medical Information |
| <input type="checkbox"/> | Power of Attorney (or) Guardianship Documents - COPY |
| <input type="checkbox"/> | DD-214 or other proof of Military Service - COPY |

CHECK LIST OF OTHER DOCUMENTS NEEDED PRIOR TO ADMISSION

PLEASE SEND COPIES ONLY.

	YES	NO	N/A
Social Security Card (Front & Back)			
Medicare Card (Front & Back)			
Current and 3 previous months' bank/investment statements (all accounts for applicant and spouse)			
Insurance Cards/Proof of Medical Insurance (Front & Back)			
Award Letters (Veterans Administration, Social Security, Military Retirement Pay, Civil Service, or other Retirements, etc.			
Other Income Producing Sources, CD's, Annuities, Life Insurance, Other			
Real Estate Contracts /Other Income-Producing Contracts			
Funeral/Burial Information			
Marriage Certificates/Divorce Decrees			
Birth Certificate(s) for any <u>Dependent</u> Children			
Verification of Transfer of Assets within the Last 5 Years			
Applicant's Birth Certificate			

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Washington Department of Veterans Affairs

PATIENT IDENTIFICATION

Name: _____ **S.S. #:** _____
Address: _____
Date of Birth: _____ **Maiden or Other or Names:** _____

PROVIDER

(Who is releasing information?)

RELEASE RECORDS TO:

(Person or Place records should be sent)

Name: Susan Houston, LPN
Title: Centralized Admissions Coordinator
Address: PO Box 199, Orting, WA 98360
Primary Phone: (360) 893-4580 **Toll Free #:** 877-838-7787
Fax: (360) 893-4590 **Cell:** (360) 701-7366

INFORMATION REQUESTED (DURING THE PAST 90 DAYS) RELATED TO:

- Hospital Stay
- Medical Discharge Summary
- Emergency Room
- Clinic or Dr's Office Visit
- Nursing Notes/Reports
- Drug & Alcohol Records

- Medication History
- Height & Weight
- Diet Recommendation
- Laboratory Reports
- History & Physical
- Mental Health/Psych Eval. Records

- Social Service Summary or Notes
- Surgical Summary
- Specialist Consultation or Notes
- Radiological Reports
- Immunization Records
- Other: _____

PURPOSE OF RELEASE:

To Facilitate Admission Consideration to One of the Veterans Homes. To Assure Continuity of Care. Other (Specify: _____)

I understand that my medical records may include information on diagnosis/treatment related to any medical treatment including psychiatric or psychosocial conditions, drug and/or alcohol abuse, acquired immune deficiency syndrome (AIDS) and/or HIV status

PLEASE INITIAL THE STATEMENT THAT APPLIES

You must initial one →

I understand and agree that the information pertaining to any such diagnosis/treatment described above may be released.

I do ____ do not ____ authorize this information to be released.

TIME LIMIT

I understand this authorization may be revoked in writing at any time. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____

Signature of Applicant/Legal Representative: _____ **Date:** _____

Relationship to Applicant: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Washington Department of Veterans Affairs

THIS PAGE IS KEPT BY THE APPLICANT FOR HIS/HER RECORDS. IT CONTAINS IMPORTANT INFORMATION REGARDING HOW TO REVOKE YOUR AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

How to REVOKE your AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

You have the right to revoke your Authorization for Release of Medical Information. To do so you must send us a copy of this form or write a letter revoking your authorization. Your letter or this form should be mailed to the following address:

**Susan Houston, LPN, Centralized Admissions Coordinator
PO Box 199, Orting, WA 98360**

REVOCATION OF AUTHORIZATION

Name: _____ **S.S. #:** _____ **Date of Birth:** _____
Address: _____ **Phone Number:** _____

I, _____ wish to revoke my Authorization for Release of Medical Information to the: Washington Department of Veterans Affairs. I also realize in the event these records have been released by me, or my legal representative, valid authorization that these records cannot be retracted.

Signature of Applicant/Legal Representative: _____ Date: _____

Relationship to Applicant: _____

PLEASE NOTE: When your Medical Information has been released to THE "WASHINGTON DEPARTMENT OF VETERANS AFFAIRS" you should be aware of the following: The information released may be subject to re-disclosure by the recipient and may no longer be protected by the Privacy Rule. *If for any reason the "WASHINGTON DEPARTMENT OF VETERANS AFFAIRS" receives a request to release your medical information – we will make a good faith attempt to obtain your permission in advance.*

Robin Wittenberg

Robin Wittenberg, RN, C.A.T. Nursing Care Consultant



STATE OF WASHINGTON
DEPARTMENT OF VETERANS AFFAIRS

1102 Quince Street, SE, PO Box 41150
Olympia, Washington 98504-1150
1-800-562-2308

FINANCIAL UNDERSTANDING -- MONTH OF ADMISSION TO STATE VETERANS HOMES

This letter explains why your first month payment may be different from future payments, how your payment amount is decided, and who you can talk to if you have questions.

Why will my first month payment be different?

Your first month payment is based on the number of days you will actually live at the Home multiplied by the Daily Rate. For example, you will be billed for the day you move in through the end of the month.

How is my cost of care determined?

Your cost of care will be determined based on your income or asset level. We take into account the following information when determining your cost of care:

- **MEDICAID ELIGIBLE / MEDICAID PENDING:** Determined by the Department of Social & Health Services (DSHS).
- **PRIVATE PAY:** Income and/or Assets exceed the daily rate for level of care
- **INCOME:** Medically indigent, Income and/or Assets are less than the daily rate for level of care.
- **MEDICARE ADMISSIONS:** Require a cost of participation after day 20.

What is the amount of my first month payment?

The Veteran Benefits Specialist will determine your first month payment based on the number of days you will live at the Home and whether you will receive Nursing Home, Light Nursing or Domiciliary Care.

Who can I call if I have questions?

The Veteran Benefits Specialist is available to answer your questions. Please contact:

Washington Soldiers Home and Colony

(360) 893-4519

The Washington Veterans Home

(360) 895-4711

The Spokane Veterans Home

(509) 344-5779

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I understand that my first month payment is due on the day I move in. I also understand that the Veteran Benefits Specialist at the Home will estimate what my first month payment amount is on the day I move in. I agree to give the Veteran Benefits Specialist at the Home all the necessary financial documents to verify my income, assets and expenditures to assist in determining the amount of my first months payment.

Signature: _____ Date: _____

Printed Name: _____ C.A.T. Verifying Signature: _____

WASHINGTON DEPARTMENT OF VETERANS AFFAIRS

The Washington Veterans Homes strives to create a home-like environment for all residents. We encourage residents to have personal items in their rooms, and we are happy to assist you in hanging up personal pictures and setting up a comfortable living space. Space is limited though, and we ask that you follow the guidelines set forth below. Our goals include ensuring your safety as well as your comfort. The Veterans Home reserves the right to alter this list as necessary to achieve their goals. Thank you.

AUTHORIZED	PROHIBITED	CONDITIONAL
Television (with approved stand) Lamp Radio Clock CD Player Fan (150 Watts or less) Electric Razor VCR Audio Recorder Stereo	<i>All Weapons including Knives</i> <i>Throw Rugs</i> <i>Blow Dryers (in resident room)</i> <i>Electric Blanket</i> <i>Heating pad</i> <i>Microwave Oven</i> <i>Coffee Pot</i> <i>Hot Plate</i> <i>Electric Frying Pan</i> <i>Space heater</i> <i>Steam/Flat Iron</i> <i>Immersible Water Heater</i> <i>Transformer Operated Lamp</i>	Computer Printer Fax Machine Personal Tools Wheel Chair Battery Charger Refrigerator (Not more than 1.5 amps. And contingent on resident's ability to maintain cleanliness)
	<i>All Items with frayed cords</i> <i>All electric extension cords</i> <i>All items with loose plugs</i>	<i>These items require approval by the Veterans Home electrician.</i>

WASHINGTON DEPARTMENT OF VETERANS AFFAIRS

PROVIDED BY FACILITY	APPROVED TO BRING	CONDITIONAL *
Bed Night Stand (Nursing care) Over the Bed Table (as needed) Small Garbage Can	Wheel Chair Walker	Recliner (Vinyl or Leather) Dresser Scooter/Electric Chair Book Shelves Laundry Basket Large Trash Can TV Stand Entertainment Systems Rocking Chairs Folding Chairs Plastic Baskets/Storage Bins

**CONDITIONAL: Depending on the size, type and number of items per resident. Restorative (Therapy) approves electric scooter/chair.*

DIRECTIONS

Washington Veterans Home

1141 Beach Drive E.

Retsil, WA 98378

(360) 895-4700

- Take I-5 North/South
- Take **BREMERTON EXIT (Highway 16)**
- Take **PORT ORCHARD/SEDGWICK ROAD EXIT** – Turn right on Sedgwick Road
- Travel 1.6 miles to 2nd Traffic Light
- Turn Left onto **Jackson** – Travel 2.8 miles (Through 2 Traffic Lights)
- You will come to a “T” (Sinclair Inlet is directly in front of you)
- Turn left on **Beach Drive** (Sewer Plant is on Left Side)
- Drive up the hill past the Sewage Plant, turn at Home’s entrance

DIRECTIONS

Washington Soldiers Home

1301 Orting-Kapowsin Hwy

Orting, WA 98360

(360) 893-4515

COMING FROM THE NORTH

- Take I-5 South
- Merge onto I-405 N via Exit 154A on the left toward Renton
- Merge onto WA-167 S via Exit 2 toward Kent/Auburn
- Merge onto WA- 410 E toward Sumner/Yakima
- Take WA-162 E/Valley Ave exit toward Orting
- Turn Right onto Valley Ave E (Route -162 go 7 miles) Turns into Washington Ave.
- Take Right onto Calistoga (2nd stop light in Orting) – Cross over bridge to Orting-Kapowsin Hwy
- When Orting-Kapowsin Hwy makes a 90 degree turn go straight ahead. Homes entrance is on your left.

COMING FROM THE SOUTH

- Take I-5 North
- Take Exit 127 (Puyallup Highway 512)
- Merge onto WA-167 N toward Seattle/Yakima
- Merge onto WA- 410 E toward Sumner/Yakima
- Take Valley Road – Orting/Sumner Exit
- Turn Right onto Valley Ave E/WA –(Route162 go 7 miles) Turns into Washington Ave.
- Take Right onto Calistoga (2nd stop light in Orting) – Cross over bridge to Orting-Kapowsin Hwy
- When Orting-Kapowsin Hwy makes a 90 degree turn go straight ahead. Homes entrance is on your left.

Directions:**Spokane Veterans Home**

222 East 5th Ave

Spokane, WA 99202

(509) 344-5779

EASTBOUND:

I-90 to Exit #282-B: Second Avenue

After you exit, remain in left-hand lane and continue west on 2nd Avenue until you come to the stop light on Sherman Avenue. Turn LEFT on Sherman, get in the right hand lane, and proceed for 3 blocks until you come to a 4-way stop on 5th Avenue. Take a RIGHT on 5th avenue and continue for 2.5 blocks. The Spokane Veteran's Home is on the South side of 5th Avenue.

WESTBOUND:

Take Exit 281 off Interstate 90, get into the right hand lane pf the exit, veer left at the stoplight. This road will change from 4th Avenue into 5th Avenue. Continue east and the Spokane Veterans Home is the first building on the right, once you have passed through the stop sign on 5th and Crowley